

# STATE OF SOUTH DAKOTA

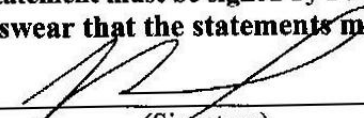
## Statement of Legal Newspaper Ownership and Circulation

**RECEIVED**  
**DEC 31 2012**

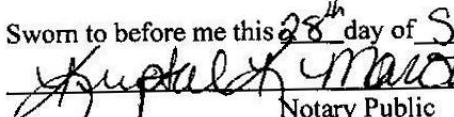
Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>Isabel Dakotan</u>		2. DATE <u>SD. SEC. OF STATE</u>
3. FREQUENCY OF ISSUE <u>weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>30</u> in-state \$ <u>37</u> out of state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>P.O. BOX 207 Isabel SD 57633</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER: <u>Robert Lewis Slocum</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME <u>Robert Lewis Slocum</u></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS <u>P.O. Box 207 Isabel SD 57633</u></div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <u>Four Bands Community Fund - Eagle Butte SD</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1,000	1,000
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	65	85
2. Mail Subscription (Paid and or requested)	708	709
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	773	794
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	773	794
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	227	206
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	1,000	1,000

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public**  
**I swear that the statements made by me are true, correct, and complete:**

  
 (Signature)

(Title)

Sworn to before me this 28<sup>th</sup> day of Sept, 20 12  
  
 Notary Public  
 My commission expires: 7/13/17

